

CHERRY HILL PUBLIC SCHOOLS

ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year: _____

The New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The orders for these medications are from the Cherry Hill District Medical Director. The medication doses are based on your child's weight. The doses are listed below. These doses are to be administered once during the school day. In order for your child to receive the medication you must complete the bottom of this medication permission form. *No verbal permission will be accepted.* This medication permission form will be valid for one school year. If your child should require a different dose to achieve analgesic relief, then you must obtain a physician's order.

Name of Student: _____ Date of Birth: _____

Grade/Team/Graduation Year _____

School: _____ Teacher: _____

I give permission for my child _____ to receive ibuprofen or acetaminophen (please circle one or both) when deemed necessary by the Registered Nurse/School Nurse. Dosage will be calculated based on my child's current weight according to the chart below. I understand that a generic equivalent may be used. I understand that the above medications I have circled will be administered by the Registered/School Nurse in accordance with the established protocols developed by the District School Physician and in accordance with the Cherry Hill Public School medication policy.

Parent Signature: _____ Date: _____

Child's Weight	Acetaminophen Dose	Ibuprofen Dose
18 to 23 lbs.	80 mg	50 mg
24 to 35 lbs.	120 mg	100 mg
36 to 47 lbs.	160 mg	150 mg
48 to 59 lbs.	240 mg	200 mg
60 to 71 lbs.	320 mg or 325 mg	250 mg
72 to 95 lbs.	325 mg or 400 mg	300 mg
Over 95 lbs.	480 mg or 500 mg	400 mg

Only one dose is to be administered during a school day of either medication.

Dr. Jaqueline Kaari
Chief Medical Inspector

Jaqueline M. Kaari

Date: 1/13/14